

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830468 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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8	2		/			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	28	↔	26	↔		↔
TOTAL CLAIMS	30	28	26	24	22	20

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.		↓		↓		↓		↓
TOTAL DEP.		↔		↔		↔		↔
TOTAL CLAIMS		28	26	24	22	20		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS